

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Page 2 of 2

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|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------|--|
| Enter Correct Information Concerning Person Whose Birth Record is Being Amended | REGISTRANT'S FULL NAME AT BIRTH Alma Beatrice Hendrix | | | | STATE FILE OR BIRTH NUMBER 139-22-005402 | |
| | BIRTH DATE Month Feb Day 8 Year 1922 | BIRTH PLACE City or Town Pickens County S.C. | | State | | |
| ITEMS TO BE AMENDED OR CORRECTED | ITEM OMITTED OR IN ERROR | | BIRTH CERTIFICATE SHOWS | | SHOULD BE | |
| | Child's name | | Maude Hendrix | | Alma Beatrice Hendrix | |
| | Child's date of birth | | Feb 2 1922 | | Feb 8 1922 | |
| | | | | | | |
| AFFIDAVIT | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Alma Beatrice H. Hunicutt</i> | | | | RELATIONSHIP self | |
| NOTARY [AFFIX SEAL] | SUBSCRIBED AND SWORN TO BEFORE ME ON 7-14-1978 | | SIGNATURE OF NOTARY <i>Marilyn H. Bright</i> | | NOTARY COMMISSION EXPIRES BOROITH H. BRIGHT, Notary Public My Commission Expires Oct. 14, 1983 19 | |
| AFFIDAVIT | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Beatrice Hunicutt Hendrix</i> | | | | RELATIONSHIP Mother | |
| NOTARY [AFFIX SEAL] | SUBSCRIBED AND SWORN TO BEFORE ME ON 19 | | SIGNATURE OF NOTARY | | NOTARY COMMISSION EXPIRES 19 | |

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|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| ABSTRACT of Supporting Evidence [for health dept. use] | DO NOT WRITE BELOW THIS LINE | | |
| | NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE) | | DATE ORIGINAL DOCUMENT WAS MADE |
| | 1 | Pratt, Read, & Comp. Employment Record Central, SC | 11-23-71 |
| | 2 | Pratt, Read, & Comp. Employment Record Central, SC | 11-23-71 |
| | 3 | | |
| | INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE | | |
| 1 | Alma Beatrice Hendrix (Hunicutt) (DOB 2-8-22) | | |
| 2 | DOB 2-8-22 Alma Beatrice Hendrix (Hunicutt) | | |
| 3 | | | |
| DHEC No. 613 | ADDITIONAL INFORMATION | | |
| Rev. 2/75 | I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic. | ASSISTANT STATE REGISTRAR <i>Doris M. Byars</i> | EVIDENCE REVIEWED BY <i>Barbara H. Freeman</i> |
| 1380 | | | DATE FILED 9-7-78 |